

ADULT SERVICES COMMITTEE

MINUTES AND DECISION RECORD

14 DECEMBER 2015

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor Carl Richardson (In the Chair)

Councillors: Sandra Belcher, Sylvia Tempest and Stephen Thomas.

Also Present: Councillor Allan Barclay as substitute for Councillor Paul Beck in accordance with Council Procedure Rule 5.2.

Frank Harrison – Years Ahead Forum
Members of the Public – Evelyn Leck, Sue Little, Stella Johnson
and Gordon Johnson

Officers: Sally Robinson, Director of Child and Adult Services
Jill Harrison, Assistant Director, Adult Services
Neil Harrison, Head of Service, Adult Services
David Ward, Head of Finance, Child, Adult Services and Public Health
David Cosgrove, Democratic Services Team

48. Apologies for Absence

Councillors Paul Beck and Brenda Loynes.

49. Declarations of Interest

Councillor Steve Thomas declared a personal interest as an employee of Healthwatch.

50. Minutes of the meeting held on 9 November, 2015

Received.

51. Disabled Facilities Grants (*Director of Child and Adult Services*)

Type of decision

For information.

Purpose of report

The issue of Disabled Facilities Grants and how cases are prioritised was referred by the Regeneration Services Committee on 24 September 2015 to the Chair of the Adult Services Committee to explore the potential to reduce the waiting list.

The purpose of the report was to clarify the current process for accessing Disabled Facilities Grants, and the methods used to prioritise cases.

Issue(s) for consideration

The Assistant Director, Adult Services reported that a Disabled Facilities Grant (DFG) was provided to support someone with a disability to make changes to their home, for example to:

- widen doors and install ramps
- improve access to rooms and facilities – e.g. stair-lift or a downstairs bathroom
- provide a heating system suitable for their needs
- adapt heating or lighting controls to make them easier to use

A DFG could be up to £30,000 and did not affect a person's benefits. The amount a person received depended upon their household income and savings and they may need to contribute towards the costs of the work.

The current process started when a request for an assessment and support was received into the Department. Options are then explored including signposting to relevant others; using the Trusted Assessor at the Centre for Independent Living and providing minor equipment; and Reablement Services. If these options do not meet the identified need a further and more comprehensive assessment is undertaken.

The further assessment by a relevant professional involves looking at the available options in more detail including the provision of minor equipment; accessing domiciliary care services and exploring re-housing opportunities. If these options do not meet the identified need and an adaptation is acknowledged via the assessment process to be the most suitable and cost effective option the DFG process is commenced via an Occupational Therapist within Adult Services. This takes into account the Professional Guidance – The Provision of Equipment and Housing Adaptations for Disabled People (February 2014) which sets out the criteria to be used. All work is completed taking into account the principles of meeting assessed need in the most cost effective way and the national good practice guidance provided.

Typical works covered by a grant include: installation of stair-lifts; bathroom and kitchen adaptations; installation of ramps and extensions.

Details of how many such adaptations had been undertaken in the past twelve months were set out in the report.

As reported to Regeneration Services Committee on 24 September 2015, the funding allocation that the Council received for disabled facilities grants had been insufficient to meet local needs for a number of years. The report to Regeneration Services Committee was attached as appendix to the report. The Assistant Director reported at the meeting that additional one-off funding of £500,000 had recently been approved to address the waiting list in the current financial year from the Better Care Fund. The Assistant Director stressed this would be one-off funding and would not address the longer term issue of funding for DFGs. Consideration is to be given to additional recurrent funding at the next Better Care Fund Pooled Budget Partnership Board.

Councillor Barclay, the Council's Armed Forces Champion, questioned the provision of DFGs to ex-armed forces personnel, an increasing number of which were leaving the service with some form of disability, as he had not been aware of these grants and doubted many ex-service personnel were aware. The Assistant Director stated that the criteria for DFGs were nationally set and ex-armed forces personnel were treated no differently to any other eligible applicants. In response to further questions from Councillor Barclay, the Assistant Director stated that the authority would not know if an applicant was ex-forces unless they declared it and it was therefore not possible to say how many veterans had applied. Information on the grants could be reinforced with ex-service groups and Councillor Barclay indicated that he would raise the issue with the Tees Valley Armed Forces Forum.

A Member expressed some concern at the timescales involved and the Assistant Director indicated that this was reflective of the assessment process and the pressure the service was under. The Councillor also expressed concerns that in light of the government's general push towards people remaining at home within their own community rather than going into residential care, the need for adaptations and DFGs would only increase and without proper funding from central government too many people would be waiting too long for these services. The Councillor suggested that pressure through the Local Government Association should be applied to government to raise this issue. The Assistant Director reported that there had been an announcement in the comprehensive spending review of additional monies for DFGs being made available by government by 2020 but there was little detail in the announcement.

The re-use of equipment was questioned and the Assistant Director stated that where possible, equipment would be re-used where it was serviceable. Some equipment and adaptations could, however, be very site specific or custom installations.

Reference was made to recent changes in planning regulations that may

affect the potential for properties being fully accessible by disabled people. The Chair requested that further details be reported to the Committee.

Decision

1. That the report be noted.
2. That officers look to increasing the awareness of Disabled Facilities Grants among the ex-armed forces community.
3. That a report be submitted to a future meeting on the changes to planning regulations that affect disabled access to future development.

52. Learning Disability Self-Assessment Framework 2014/15 (*Director of Child and Adult Services*)

Type of decision

Non key decision.

Purpose of report

The purpose of the report was to:

- update the Adult Services Committee on the results of the ninth annual learning disability performance and self assessment framework (SAF);
- seek approval to share the findings of the report with the Health and Wellbeing Board; and
- seek approval of the key priorities agreed by the Learning Disability Partnership Board.

Issue(s) for consideration

The Head of Service, Adult Services reported on the background to the self assessments and indicated that Hartlepool Borough Council and Hartlepool and Stockton on Tees Clinical Commissioning Group had completed the joint self assessment and, following validation by NHS England, the report set out the outcomes which were positive for Hartlepool.

The SAF Self Assessment Framework) was applied alongside the following policies and guidance documents;

- Winterbourne View Concordat Report
- Adult Social Care Outcomes Framework (ASCOF)
- Public Health Outcomes Framework (PHOF)

- The Health Equalities Framework (HEF): an outcomes framework based on the determinants of health inequalities
- National Health Service Outcomes Framework (NHSOF)
- The 6 Lives Report 2009 - an investigation into the deaths of six people with learning disabilities who were in the care of the NHS

The SAF was measured against three distinct areas, using a traffic light rating system (Red, Amber, and Green)

1. Section A - Staying Healthy (9 Indicators)
2. Section B – Keeping Safe (9 Indicators)
3. Section C – Living Well (8 Indicators)

Hartlepool was ranked third amongst the twelve Local Authorities in the North East. National data indicated that Hartlepool was ranked 25 of 152 Councils across England.

The Hartlepool Learning Disability Partnership Board discussed the SAF outcomes and identified the following priorities for 2015/16;-

1. Staying Healthy – Improving reasonable adjustments in primary care
2. Staying Healthy – Offender Health and Criminal Justice System
3. Keeping Safe – All care packages to be reviewed within 12 months
4. Keeping Safe – Learning Disability Service, contract compliance
5. Living Well – Local amenities and transport
6. Living Well – Effective joint working

Concern was expressed regarding access to services at the Centre for Independent Living (CIL) on an evening due to the lack of bus services. The Chair commented that this was something that Members were aware of and hoped to address in the future.

Members questioned the areas for improvement and how they were being tackled. The Head of Service commented that many of the areas where the assessment had been scored red were outside of the local authority's control and some were simply impossible to achieve. Members noted the positive work that the authority did with a number of groups for people with learning disabilities in the town and felt this showed the value of such consultative arrangements that needed to be protected. Concern was expressed, however, at the changes in adult education. The Head of Service reported that there had been some curriculum changes but officers were looking at the potential for adult education courses at the new CIL when it was opened.

Decision

1. That the contents of the report be noted;
2. That a progress report is shared with Health and Wellbeing Board;
and

3. That the priorities that the Learning Disability Partnership Board had proposed for 2015/16 be supported and approved.

53. Strategic Financial Management Report – as at 30 September 2015 (*Director of Child and Adult Services and Chief Finance Officer*)

Type of decision

For Information.

Purpose of report

The purpose of the report was to inform Members of the 2015/16 forecast General Fund Outturn, 2015/16 Capital Programme Monitoring and provide details for the specific budget areas that this Committee was responsible for.

Issue(s) for consideration

The Head of Finance, Child, Adult Services and Public Health outlined the overall financial position for the Council as set out in in the Medium Term Financial Strategy Report submitted to the Finance and Policy Committee on 23 November 2015. At this stage the detailed financial picture was unclear until the final settlement figures had been given to local authorities which was expected later this week.

Specifically in relation to Adult Services, the Head of Finance reported on the current position in relation to both the revenue and capital budgets. At this stage a £398,000 underspend was predicted for the department as a whole and should this remain at the end of the financial year it was proposed that two specific adult services reserves be created to assist the budget position in the following year in relation to Demographic Pressures in Adult Social care and Telecare Equipment.

Decision

That the report be noted.

54. Care Home Update and Action Plan (*Director of Child and Adult Services*)

Type of decision

For information.

Purpose of report

To provide the Adult Services Committee with an update in relation to care home provision and actions progressed since the October 2015.

Issue(s) for consideration

The Assistant Director, Adult Services reported that Care Home Provision for Older People was discussed in detail at the Adult Services Committee meeting on 12 October 2015, when representatives from the Care Quality Commission (CQC) and Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG) were in attendance.

An update on changes and developments in the care home sector from September to November 2015 was submitted and an update in this format would be shared with the Adult Services Committee on a regular basis while concerns remain regarding the care home sector.

An action plan regarding care home provision, which included actions identified at the Adult Services Committee on 12 October 2015, was also submitted. This identified the progress that had been made in a number of areas, but it was recognised that further work were still required to address current challenges.

It was questioned if residential homes could take nursing care patients as long as there were regular visits by a district nurse. The Assistant Director stated that registered nursing homes had to have nursing staff on duty 24 hours a day, 7 days a week. Any individual requiring 24 hour nursing care had to be in a registered nursing setting.

Members welcomed the report and considered that the committee needed to receive regular updates. A discussion at previous meeting was referred to where there was consideration of the potential of the Council becoming involved in the provision of nursing home beds. The Assistant Director stated that information was still being pursued from those authorities where it was believed that nursing homes were being provided by the authority. This work was not yet completed and would be reported to Committee at a future meeting.

There was general concern at the lack of nursing care beds in Hartlepool and the impact this may have on those that would have to take placements outside the town. The impact of the minimum wage rises on care home providers was questioned. The Assistant Director indicated that the authority would have to meet the increased costs as a budget pressure but some of the providers the Council contracted with already paid the living wage.

The Chair commented that the information on other authorities that were providing nursing care was essential to the Council deciding if it should make a similar move. A Member indicated that at a previous meeting the CCG had referred to the potential of commissioning additional nursing care beds. Hospital discharge procedures were being impacted upon because of the shortage of beds and the Member suggested that the CCG should be invited back to the next meeting to update the Committee on their progress.

Decision

1. That the report be noted and further update reports be submitted to future meetings of the Committee.
2. That representatives of the Hartlepool and Stockton on Tees Clinical Commissioning Group be invited to the next meeting to update Members on the commissioning of nursing care beds in Hartlepool.

55. Transforming Care – North East and Cumbria Fast Track Programme (*Director of Child and Adult Services*)

Type of decision

For information.

Purpose of report

To update the Adult Services Committee on progress regarding the North East and Cumbria Fast Track programme.

Issue(s) for consideration

The Head of Service, Adult Services reported that the Learning Disabilities Transforming Care Programme aimed to reshape services for people with learning disabilities and/or autism with a mental health problem or behaviour that challenges, to ensure that more services were provided in the community and closer to home rather than in hospital settings. It arose as a result of Sir Stephen Bubb's review of the Winterbourne View concordat.

The North East and Cumbria was one of five fast track sites selected because of high numbers of people with learning disabilities in in-patient settings. Fast track areas had access to a share of an £8.2 million transformation fund to accelerate service redesign. An overarching North East and Cumbria plan has been submitted with each of the 13 Local Authority areas also presenting their own plans alongside it which outline local initiatives that reduce the need for admission to hospital. Notification

had been received from NHS England on 5 October that the North East and Cumbria had been successful in securing £1.432million from an available pot of £8.2 million. A further £623,000 had been allocated following review of patient level business cases to assist in the double running/ transition where required to ensure safe transition of service from in-patient care to community based provision and to maintain patient safety.

The Head of Service highlighted that the existing funding was not adequate in relation to covering the cost of the overarching plan and additional locality plans. Money may need to be moved from one organisation to another and a dowry is a vehicle to do that. The dowry would be paid by NHS to Local Authority for those patients who have had an inpatient spell of 5 years or more and will be linked to the individual and will terminate on death. It is anticipated that the dowry would be paid for by the responsible commissioner at the point of discharge and will apply in prospective terms only. There would be no retrospective application.

The ambition across the North East and Cumbria was to reduce current Assessment and Treatment beds by 12% by the end of March 2016, with a future ambition to reduce by 50% by the end of March 2019. There was also an ambition to reduce the number of specialised commissioning beds which were occupied by North East and Cumbria patients. This ambition related to a 24% reduction in medium secure beds and 50% in low secure.

A Member expressed concern that while it was a very positive move to reduce the number of long stay beds, the short term nature of this funding didn't lay a viable foundation for future of services. Some of the patients concerned had highly complex needs that could have extremely high costs associated with them. Concerns needed to be raised at the highest level as to the future issues that this funding wouldn't meet.

The Head of Service commented that very similar concerns had been raised as part of the Tees Valley plan. The five year time period for people being in hospital seemed rather arbitrary and could be open to legal challenge.

There was concern at where the funding was being allocated and the money being spent on training and other issues that should be fully funded by the NHS. The Head of Service indicated that this was being discussed with NHS England and the CCG. The aim was to save money in the longer term but this was a challenge particularly in light of some of the packages of care that needed to be designed for some individuals.

Decision

That the report be noted.

56. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 10.55 am.

P J DEVLIN

CHIEF SOLICITOR

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